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| **Girl** |
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| **Girlguiding Surrey East Inclusion Fund Application Form V1.0**  |
| * Complete all parts of the form below and send it to County Treasurer
* Your Division Commissioner must be aware of your request and should also consider if there is funding locally for your request first.
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| **APPLICANT DETAILS** |
| Full name of person completing this form and membership number.  |  |
| Telephone: |  |
| Email: |  |
|  |
| Unit: |  |
| District: |  |
| Division: |  |
| Total Amount Requested | **£** |
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| **PURPOSE OF REQUEST** |
| Please give details for your reasons for applying and the exact purpose for which the money will be used. If another level (Unit/District/Division or Trefoil) have also helped with financial support please include it here: |
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| **Payment of money**  |
| Applicants will be informed as soon as possible of the outcome of their request but not more than three months (to allow for timings of County Meetings etc) after the application is received. For queries please contact: surreyeastcc@btinternet.com |
| **NOTE:**IF YOUR APPLICATION IS SUCCESSFUL, COUNTY WILL CONTACT YOU FOR THE APPROPRIATE GIRLGUIDING BANK DETAILS. GRANTS WILL BE MADE PAYABLE TO THE INDIVIDUAL’S UNIT OR AREA AS APPROPRIATE IE. DISTRICT OR DIVISION. ANY MONIES NOT ULTIMATELY USED FOR WHICH IT WAS GRANTED SHOULD BE REPAID TO THE COUNTY TO ENABLE OTHER MEMBERS TO HAVE THE USE OF THESE FUNDS. |
| Amount of grant: | **£** |
| Authorised by: |  | Date: |  |